

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90164 026 \*\*\*150.00

**DOCUMENT # P99000089316**

1. Entity Name

AAAA MEDICAL PROGNOSIS, INC.

*2*

Principal Place of Business

9370 SOUTHWEST 72ND STREET  
 SUITE B-21E  
 MIAMI FL 33173

Mailing Address

9370 SOUTHWEST 72ND STREET  
 SUITE B-21E  
 MIAMI FL 33173-5431

2. Principal Place of Business

9380 SW 72 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

B 216

Suite, Apt. #, etc.

City & State

MIAMI, FL 3

City & State

4. FEI Number

650953351

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD  
 NAME: MURPHY, JAMES K  
 STREET ADDRESS: 9370 SOUTHWEST 72ND STREET  
 CITY-ST-ZIP: MIAMI FL 33173  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: PSTD  
 NAME: PAT PEARSON  
 STREET ADDRESS: SAME  
 CITY-ST-ZIP: 9380  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pat Pearson*

5/1/00 305-270-0872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)